

Request for Applications for Local Community-Based and Minority-Based Partnerships in Tobacco Prevention and Cessation

The Indiana Tobacco Use Prevention and Cessation Executive Board (ITPC) seeks to fund grantees at the county level to coordinate the local community-based and minority-based component of Indiana's tobacco prevention and cessation program. ITPC wants to ensure that as many counties as possible continue their tobacco control programs in Indiana. As in the previous funding cycle, no one single agency type has been selected as the lead agency for the community-based programs. ITPC recognizes that different organizations may assume this responsibility in different counties.

Local community grants will not be guaranteed for each and every county. There will not be a guaranteed allotment for each county. There is a suggested funding range based on county population. Therefore, the grants are more competitive in nature and will be reviewed through a competitive process.

In order to complete the application, it is important for the community-based and minority-based programs to strategically determine their focus for the next 18-months. Our goal is to maintain a community-focused program that is designed to change environments and encourage development of social norms to promote and support tobacco-free lifestyles.

This request for applications is an invitation to communities to join together to make the Indiana Tobacco Use Prevention and Cessation Executive Board's vision.... *To significantly improve health in Indiana and reduce the disease and economic burden tobacco use places on Hoosiers of all ages...*a reality for the State of Indiana.

APPLICANT ELIGIBILITY

A public or private entity may apply as the lead agency for the local community-based partnerships for the ITPC program. Only a public or private minority entity may apply as an agency for the minority-based partnerships for the ITPC program.

ITPC will accept only one community-based application per county. This limitation does not apply to the minority-based program. More than one organization per eligible county may apply for the minority-based funds. A consortium of counties may apply together under one application. It is imperative that local organizations work together to select the most appropriate lead agency for their county. Grantees are encouraged to award subcontracts and mini grants to organizations within their community and are encouraged to include these subcontracts and mini grants in the proposal.

The local lead agency for the community-based partnership and all minority-based partnerships must:

- Participate actively in the preparation of the work plan.
- Demonstrate collaborations with other key partners in the preparation of the work plan.
- Play a key coordinating role in the implementation of the work plan.
- Agree to serve as the key contact point for required reporting to the Tobacco Agency.
- Must ensure that the partnership is represented at training workshops, conference calls, and evaluation activities.
- Serve as the fiscal officer for the grant.

APPLICATION PROCESS

ITPC is now accepting applications for January 2004-June 2005, an 18-month funding cycle. The application should reflect one 18-month work plan and one 18-month budget.

A quality application includes:

- A work plan that includes a plan to build strong community partnerships across the county to mobilize around tobacco prevention and cessation issues for youth and/or adults in the community.
- Visionary goals, clear expected outcomes, and specific activities with time frames, measurable results and responsibilities of partnerships should be outlined in the work plan.
- Work plans that are strategic in their approach. Communities must show a plan for addressing tobacco control based on the community's state of readiness as identified through the community assessment, community indicator planning tool, and proven interventions.
- Subcontract and mini grant forms and completion of quarterly program and fiscal reports from previous funding cycle, if applicable.

Communities should refer to ITPC's Community Indicator/Example Outcomes Chart and all of the Application forms. Please refer to other application tools as outlined in the 2004-2005 Request for Application Workshop notebook.

FUNDING

The Lead Agency is the Fiscal agent. Funds will be paid to Lead Agency in three payments: January 2004, July 2004 and January 2005. Each Lead Agency will be required to sign the contract, submit a W-9 form and a Direct Deposit form. All funds paid by ITPC will be direct deposited in to the Lead Agent's banking account. The contract period starts on January 1, 2004 and ends on June 30, 2005 and all funds must be spent before the contract expires on June 30, 2005 or returned to ITPC. **Lead Agencies may not incur costs to be paid by grant funds until the Lead Agency, ITPC, Indiana Department of Administration, Budget Agency, and the Attorney General's office have signed the contract.**

All non-governmental entities are required to submit audited financial statements from the previous fiscal year. For additional information please contact Mike Bozyski, Supervisor for Not-for-Profit Corporations at (317)232-2525.

What is a Lead Agency?

- **The Lead Agency is the Fiscal Agent**
There is no separate Fiscal Agent and Lead Agency allowed.
- **Lead Agency must have a Federal Identification Number**
In order to receive grant funds, the Federal Identification Number used must be registered to the Lead Agency. We will not accept a Lead Agency using another organization's Federal Identification Number.
- **Lead Agency Responsibilities**
The Lead Agency is responsible for the following:
 1. Quarterly Fiscal Reports
 2. Quarterly Program Reports
 3. Periodic information requests
 4. Registered with the Indiana Secretary of State
 5. Fulfillment of the terms of the contract
 6. Separate account or ledger for grant funds
 7. Monitoring engagement with the State Board of Accounts (paid for by ITPC)
 8. Audit to be paid by grant recipient (if required by law)

2004-2005 Local Community-based Funding Ranges¹
January 2004-June 2005

ADAMS	\$47,700	to	\$63,600		LAWRENCE	\$54,450	to	\$72,600
ALLEN	\$299,160	to	\$398,880		MADISON	\$131,670	to	\$175,560
BARTHOLOMEW	\$68,490	to	\$91,320		MARION	\$589,410	to	\$785,880
BENTON	\$23,670	to	\$31,560		MARSHALL	\$54,000	to	\$72,000
BLACKFORD	\$23,670	to	\$31,560		MARTIN	\$23,670	to	\$31,560
BOONE	\$54,540	to	\$72,720		MIAMI	\$49,050	to	\$65,400
BROWN	\$23,670	to	\$31,560		MONROE	\$124,650	to	\$166,200
CARROLL	\$40,320	to	\$53,760		MONTGOMERY	\$49,950	to	\$66,600
CASS	\$51,750	to	\$69,000		MORGAN	\$65,880	to	\$87,840
CLARK	\$111,420	to	\$148,560		NEWTON	\$23,670	to	\$31,560
CLAY	\$43,830	to	\$58,440		NOBLE	\$54,630	to	\$72,840
CLINTON	\$47,880	to	\$63,840		OHIO	\$23,670	to	\$31,560
CRAWFORD	\$23,670	to	\$31,560		ORANGE	\$39,870	to	\$53,160
DAVIESS	\$45,630	to	\$60,840		OWEN	\$41,220	to	\$54,960
DEARBORN	\$54,540	to	\$72,720		PARKE	\$38,700	to	\$51,600
DECATUR	\$42,750	to	\$57,000		PERRY	\$39,600	to	\$52,800
DEKALB	\$51,390	to	\$68,520		PIKE	\$23,670	to	\$31,560
DELAWARE	\$123,660	to	\$164,880		PORTER	\$139,050	to	\$185,400
DUBOIS	\$51,030	to	\$68,040		POSEY	\$44,100	to	\$58,800
ELKHART	\$217,350	to	\$289,800		PULASKI	\$23,670	to	\$31,560
FAYETTE	\$43,290	to	\$57,720		PUTNAM	\$49,050	to	\$65,400
FLOYD	\$68,130	to	\$90,840		RANDOLPH	\$44,280	to	\$59,040
FOUNTAIN	\$39,150	to	\$52,200		RIPLEY	\$43,830	to	\$58,440
FRANKLIN	\$41,400	to	\$55,200		RUSH	\$39,240	to	\$52,320
FULTON	\$40,500	to	\$54,000		ST. JOSEPH	\$262,800	to	\$350,400
GIBSON	\$47,070	to	\$62,760		SCOTT	\$41,850	to	\$55,800
GRANT	\$69,570	to	\$92,760		SHELBY	\$53,100	to	\$70,800
GREENE	\$47,430	to	\$63,240		SPENCER	\$40,410	to	\$53,880
HAMILTON	\$217,350	to	\$289,800		STARKE	\$42,210	to	\$56,280
HANCOCK	\$59,670	to	\$79,560		STEUBEN	\$47,520	to	\$63,360
HARRISON	\$48,060	to	\$64,080		SULLIVAN	\$41,220	to	\$54,960
HENDRICKS	\$115,650	to	\$154,200		SWITZERLAND	\$23,670	to	\$31,560
HENRY	\$55,890	to	\$74,520		TIPPECANOE	\$140,310	to	\$187,080
HOWARD	\$75,870	to	\$101,160		TIPTON	\$38,340	to	\$51,120
HUNTINGTON	\$50,130	to	\$66,840		UNION	\$23,670	to	\$31,560
JACKSON	\$51,930	to	\$69,240		VANDEBURGH	\$211,410	to	\$281,880
JASPER	\$45,720	to	\$60,960		VERMILLION	\$38,430	to	\$51,240
JAY	\$41,220	to	\$54,960		VIGO	\$116,640	to	\$155,520
JEFFERSON	\$46,620	to	\$62,160		WABASH	\$48,420	to	\$64,560
JENNINGS	\$44,370	to	\$59,160		WARREN	\$23,670	to	\$31,560
JOHNSON	\$121,770	to	\$162,360		WARRICK	\$58,050	to	\$77,400
KNOX	\$50,760	to	\$67,680		WASHINGTON	\$44,190	to	\$58,920
KOSCIUSKO	\$69,930	to	\$93,240		WAYNE	\$68,310	to	\$91,080
LAGRANGE	\$48,420	to	\$64,560		WELLS	\$44,370	to	\$59,160
LAKE	\$383,040	to	\$510,720		WHITE	\$43,110	to	\$57,480
LAPORTE	\$118,980	to	\$158,640		WHITLEY	\$46,080	to	\$61,440

¹ These funding ranges are provided as a guide, no minimum funding amount is guaranteed for individual counties.

2004-2005 Local Minority-based Funding Ranges²
January 2004-June 2005

INDIANA COUNTY	Minority Population	Funding Potential Available January 1, 2004 to June 30, 2005	
		Low	High
ALLEN	56,082	\$183,330	\$203,700
BARTHOLOMEW	4,143	\$15,120	\$16,800
CASS	2,579	\$10,395	\$11,550
CLARK	9,358	\$33,075	\$36,750
CLINTON	1,896	\$8,505	\$9,450
DELAWARE	11,046	\$38,745	\$43,050
ELKHART	24,860	\$81,270	\$90,300
FLOYD	4,816	\$17,010	\$18,900
GRANT	7,928	\$29,295	\$32,550
HAMILTON	10,233	\$35,910	\$39,900
HENDRICKS	3,435	\$13,230	\$14,700
HOWARD	8,751	\$31,185	\$34,650
JOHNSON	3,456	\$13,230	\$14,700
KOSCIUSKO	3,999	\$15,120	\$16,800
LAKE	161,360	\$510,300	\$567,000
LAPORTE	15,085	\$51,030	\$56,700
MADISON	13,469	\$46,305	\$51,450
MARION	253,834	\$798,525	\$887,250
MARSHALL	2,031	\$8,505	\$9,450
MIAMI	2,273	\$9,450	\$10,500
MONROE	11,092	\$38,745	\$43,050
NOBLE	2,777	\$11,340	\$12,600
PORTER	6,900	\$25,515	\$28,350
PUTNAM	1,837	\$8,505	\$9,450
ST. JOSEPH	46,738	\$154,035	\$171,150
TIPPECANOE	16,534	\$55,755	\$61,950
VANDEBURGH	18,396	\$61,425	\$68,250
VIGO	9,844	\$34,965	\$38,850
WAYNE	5,688	\$21,735	\$24,150
Total Single County Funding		\$2,361,555	\$2,623,950
Total Multi-County Funding ³		\$1,388,445	\$1,126,050
TOTAL MINORITY PROGRAM FUNDING		\$3,750,000	\$3,750,000

² These funding ranges are provided as a guide, no minimum funding amount is guaranteed for individual counties.

³ Funding Range for minority partners representing multiple counties.

MINIMUM PROGRAM REQUIREMENTS

The tobacco control program must strategically approach the four intervention areas in the next 18 months. However, the coalition does not have to address all four interventions. The four intervention areas are:

- Build Strong Community-Based Partnerships including Diverse Partnerships
- Protect Hoosiers from Exposure to Secondhand Smoke
- Reduce Youth Initiation and Access to Tobacco
- Promote and Use Cessation Resources

The minimum requirements for all applications are as follows:

- Include a plan for building and maintaining a partnership (coalition) across diverse sectors of the community in order to build a broad base of support for social norm changes related to tobacco prevention and cessation.
- Demonstrate how the coalition will reach disparate population groups in their community.
- Demonstrate evidence of an integrated work plan between the ITPC funded minority-based partnership and the community based partnership, where applicable.
- Include a plan to educate legislators about the tobacco control problem in Indiana and how the coalition is addressing that problem in the community.
- Complete the 2003 community and coalition assessment administered by ITPC's evaluation and research coordinating center⁴.
- Include an accountability process for monitoring subcontracts and mini-grant recipients.
- Participates in and assists with the 2004 Youth Tobacco Survey (YTS).
- Include a plan for integrating the VOICE youth movement, if working with youth.
- Use ITPC marketing materials in all paid/earned media.
- Include a plan to incorporate WhiteLies and/or VOICE campaign elements in public outreach efforts.
- Ensure that paid media component does not exceed 5% of grant funds and understand that ITPC must approve expenditures.
- Disclosure of other tobacco prevention and cessation funding by the lead agency in the financial sections of the plan.

⁴ This assessment was available online May 7 to June 20, 2003. Coalitions that completed the assessment should have received via email a printout of their responses to the assessment. If you did not complete the assessment online, please obtain a copy of the assessment from Miranda Spitznagle.

ADDITIONAL GUIDELINES

- Enforcement of youth access to tobacco should follow the protocol established by the Alcohol and Tobacco Commission (ATC) and not exceed 5% of the total budget. The ATC must approve any work plan involving enforcement of youth access laws.
- Funding for ITPC local community-based and minority-based partnerships may not be used for pharmaceuticals or nicotine replacement therapy (NRT).
- If cessation services are included in the work plan, they must be subcontracted. Mini grants for cessation services will not be permitted.
- Youth curriculum should focus on middle and high school students (youth ages 11-17).

BUDGET EXPLANATION

Charts listing a range of funding for Indiana counties for the **Community and Minority based programs** are attached. These funding ranges are provided as a guide. No minimum funding amount is guaranteed for individual counties. An explanation of each budget category is outlined below.

Description of Budget Line Items

The following line items should be included. Use the budget form provided or a similar format. Explanation of budget items must be submitted on a separate page or incorporated into a budget form.

1. Personnel

a. Salaries and Wages

For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, and number of months salary requested, and a summary of the job description or responsibilities. Staff position(s) paid by community- or minority-based partnership funds must be dedicated only to tobacco use prevention activities approved in the work plan.

Tobacco programming activities must occur during the calendar quarter for which the staff is being paid salaries and wages. Paid staff must document hours worked and summarize activities performed on a daily log. Salaries and wages paid to staff must be for hours worked in the same calendar quarter and evidenced by the daily log.

Salary and wage increases for staff can only be applied after an individual has worked toward approved plan goals for more than 12 months. A cap on annual salary increases is limited to the consumer price index – all urban consumers, as published by the U.S. Department of Labor, Bureau of Labor Statistics Data (www.bls.gov) or 5% of the current approved salary and wages, whichever percentage is less. Please apply the percentage, not to exceed the 5% limit, as applicable, by checking the year and month which corresponds with the one year anniversary of the staff person in question. Please remember that the earliest date staff could have been actively employed is the date of the final signature on the grant contract. The final signature date is the date the contract is considered fully executed

b. Fringe Benefits

For each position, indicate the rate and compute the amount charged for fringe benefits.

2. Travel

Expenditures for travel will be limited to the rate customarily paid by the agency or the current rate being paid by the State of Indiana, whichever is the lesser. A chart summarizing the maximum reimbursement amounts from the State of Indiana's, Financial Management Circular No. 97-1.1 effective March 1, 1997, revised November 2002., is included for reference.

a. **In-state or Out-of-state Travel**

Expenses incurred to attend tobacco use prevention and cessation trainings, conferences and meetings are permitted. Present the following for each event: Description of the event or conference; rationale for attending (this should connect directly to your partnership's vision and program activities); anticipated follow-up from the event after you return to your community; budget estimate (travel, lodging, meals, registration fees, other expenses.)

3. **Supplies**

Supplies may include: office supplies, meeting supplies, or other supplies, including those supplies not specifically excluded. The purchase of tobacco use prevention educational supplies should be consistent with the goals and objectives of the Tobacco Use Prevention and Cessation Executive Board. Include a narrative justification outlining the intended use and incorporation of the supplies into the local program.

4. **Contractual**

Descriptions of contracts for program activities must be included along with budget information. (Contracts for administrative activities such as out of agency printing, etc., do not need to be described.) On your budget form or on another page describe for each contract the following information: 1) scope of work including tasks and deliverables, 2) time period of the contract, 3) person in your agency who will supervise or manage the sub-recipient contract, 4) name of the contractor or, if not yet known, what method will be used to select the contractor, e.g. bids, RFPs, mini-grants, sole source, etc. The contract format provided by the Tobacco Prevention and Cessation Agency should serve as a boilerplate to collect information on sub-grantees, if additional space is needed to explain the details of a contract please attach and reference these documents within the body of the contract. The boilerplate contract provided is not intended to be the sole source of information for executing a contract for goods or services.

5. **Other**

This category can include costs for items such as telephone, rent, copying, printing, postage, mailing, publications, and public and professional education costs. If your agency or organization has an approved indirect cost plan, costs may not be included in the **Other** category if they are included in the indirect charge.

Rent to be paid for space for tobacco prevention and cessation programming activities cannot exceed the fair market value for the space. Document how the rental expense was determined and retain this documentation in the records.

Cell phone expense paid from tobacco grant funds must be for calls to conduct tobacco prevention and cessation business. To be reimbursed for cell phone calls, the grantee must have an approved line item in the budget for cell phone expense and provide itemized billing receipts with tobacco prevention and cessation phone calls highlighted. The reimbursement can only be for the calls to conduct tobacco prevention and cessation business. No reimbursement will be issued for cell phone expenses without itemized billing for calls which can be documented as for tobacco prevention and cessation activities.

6. Furniture and Equipment

Office furniture, equipment and computer/software upgrades, are allowable, provided they are reasonable expenditures relative to the work proposed and were not purchased in a previous year. All equipment purchased with grant funds, which cost \$500 or more, shall remain the property of the Indiana Tobacco Prevention and Cessation Agency and shall not be sold or disposed of without written consent from the Indiana Tobacco Prevention and Cessation Agency. All office furniture, equipment and computer/software upgrades purchased which cost \$500 or more must be listed on a fixed assets listing, see sample document in appendix.

7. Indirect Charges

Indirect charges will vary according to need and are payable to the lead agency/fiscal agent only. Indirect costs are not an allowable expense for mini-grant recipients or subcontractors. All costs incurred by mini-grantees or subcontractors must be direct costs to provide goods or services. Organizations may budget up to a maximum of 10% of the total direct cost amount for indirect costs. This amount is an integral component of the total grant award. The total charges that are included in your approved indirect cost rate may not be listed as direct costs in your budget. Typical examples of indirect costs may include central service costs, accounting personnel services, the costs of operating and maintaining facilities, etc. Check with your fiscal office to see if you are allowed to include an Indirect Charge, and to see what costs are categorized as “indirect” for your organization.

8. Advertising and Communications

All advertising and communication media must utilize the media campaign imaging and the common messages developed by the Indiana Tobacco Use Prevention and Cessation Executive Board. Advertising and communication expenses for paid media cannot exceed 5 % of the total annual grant amount awarded.

9. Additional Conditions

The Grantee agrees to abide by the following additional conditions:

- a. That grant funds and program income shall not be expended for:
 1. Construction of buildings, building renovations;
 2. Depreciation of existing buildings or equipment;
 3. Contributions, gifts, donations, dues to societies, organizations, or federations;
 4. Entertainment;
 5. Automobile purchases, rental and/or leases;
 6. Interest and other financial costs;
 7. Fines and penalties;
 8. Bad debts;
 9. Contingency funds;
 10. Food; and
 11. Political contributions.
- b. All disbursements are required by law to be fully itemized. IC 4-10-11-1 states that payments shall not be approved by any officer or officers authorized to approve the same, unless so itemized, and when invoices are presented for payment, they shall be accompanied by said itemized accounts and statements.

Other state statutes requiring fully itemized state payments include the following:

IC 5-11-10-1 Disbursements on itemized claims only.

IC 4-10-12-1 Claim vouchers must show expenditure is for purpose appropriated.

Information necessary to sufficiently itemize payments ranges from listing specific contract program detail to providing unit costs, quantity, and description for each item or service received. Adequate information must be provided to substantiate hourly billing, such as activities performed and cost per hour. If reference is made to a vendor invoice, statement, or bill, it should be attached. Blank or incomplete invoices should never be certified or paid by Grantees.

Public funds may not be used to pay for personal items or for expenses that do not relate to the functions and purposes of the tobacco grant program. Personal long distance calls are not allowed to be charged to the grant. Cellular phone service, which is paid for with grant funds, is for the sole benefit of the program for which grant funds have been received. Grantees have a responsibility to monitor cellular phone expenses to ensure they are not paying for airtime that is not needed. Cellular phone service is paid only via reimbursement with detailed billing.

Dues and subscriptions paid from public funds should be for institutional memberships; i.e. in the name of the organization, or grantee's organization name, not an individual's name.

No checks can be issued for cash to pay expenditures. Checks must be made out to the subcontractor, mini-grantee and/or supplier.

No petty cash funds can be established.

Grantees must reimburse staff for travel expenditures, no advance payments without specific written permission from ITPC.

Grantees are responsible for collecting any overpayment or duplicate payments made. Repayment should be sought immediately once an overpayment has been identified.

Grantees are obligated to collect, document and retain all such information necessary to certify invoices submitted for payment for goods or services received. Grantees have the duty to pay properly documented invoices in a timely fashion.

- c. The Grantee will maintain a fixed assets listing as prescribed in the budget explanation. See attached sample of listing.
- d. Grantees will account for tobacco grant funds separately from other organization funds and will reconcile the tobacco grant fund account monthly. At the end of the quarter the fund and account statement must reconcile to the quarterly fiscal report submitted to ITPC.

- e. That acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
- f. That any proposed changes in the target population served under this Grant Agreement or any proposed changes in geographic location of service sites must be submitted in writing to the Tobacco Prevention and Cessation Agency.
- g. That funding is contingent upon providing individualized data files in a file structure specified by the Indiana Tobacco Prevention and Cessation Agency. Grantee will submit said data files to the Indiana Tobacco Prevention and Cessation Agency no later than the 30th day after the end of the month in which the Grantee's quarterly report is due according to a specific schedule determined by the Indiana Tobacco Prevention and Cessation Agency. The data provided by the Grantee will be used to perform statistical and evaluative functions, and other reporting requirements.
- h. That changes in line items in the budget will be requested in writing and approved by a duly authorized representative of the Indiana Tobacco Prevention and Cessation Agency prior to implementation.
- i. That payment is contingent upon timely receipt of required client data in accordance with procedures and schedules established by the Indiana Tobacco Prevention and Cessation Agency, a copy of which is available upon request.
- j. That all income generated by grant funds shall be added to the grant fund balance in the period in which it is earned and is subject to the same requirements as the basic grant monies. All grant monies must be invested in types of investments as directed by current statute, IC 5-13-9-1 thru 5. Please refer to the current statute for guidance.
- k. To adopt and enforce a no smoking policy in project facilities at all times.
- l. Within 30 days after the end of the fiscal year, the designated Lead Agency must file Form E-1 with the Indiana State Board of Accounts so the audit requirements can be determined and communicated to the agency. For additional information please contact Mike Bozyski, Supervisor for Not-for-Profit Corporations at 232-2525 or www.ai.org/sboa/monthlye.html to review the information on-line.

SUBMITTING AN APPLICATION

The following items must be submitted for a complete application. Please submit **the original and five (5) copies** of the complete application to:

Indiana Tobacco Prevention and Cessation Agency
Community-based Program Grant Administrator
ISTA Building
150 W. Market St., Suite 406
Indianapolis, IN 46204

- ❑ Completed Forms:
 - Cover Sheet
 - Form A – Community Vision
 - Form B – Community Partnership
 - Form C – Work Plan (same forms should be used for both community-based and minority-based partnerships)
 - Form D – Budget Worksheet
 - Form E – Budget Narrative
 - Audited financial statements, if applicable
 - Subcontract agreements, if known OR written process for selection of contractors, subcontractors or mini-grant recipients
 - Mini-grant agreements, if known, OR written process for selection of contractors, subcontractors or mini-grant recipients
 - Form F - Events and Festivals
 - Form G - Top Employers – (to be completed by Community-Based applicants only)
 - ITPC Declarations Form-signed
 - 2003 ITPC Local Partnerships Annual Coalition and Community Assessment – If completed online, it is not necessary to provide a copy as part of the application. If your coalition did not complete this assessment online, you must submit a printed copy as part of your application.
- ❑ Other Narrative Information, as appropriate
- ❑ Attachments if appropriate

- **The original and five copies of your completed application must be received by October 10, 2003, 5:00 p.m. EST at the address listed above. IF APPLICATIONS ARE NOT RECEIVED BY OCTOBER 10, 2003, IT WILL NOT BE CONSIDERED FOR FUNDING. Due to the competitive nature of the application process, this deadline will be strictly enforced.**

REVIEW PROCESS

A team consisting of members of the Indiana Tobacco Use Prevention and Cessation Executive Board, its staff, and a group of tobacco use prevention and health experts will review community-based proposals.

The committee will review proposals to ensure that each proposal meets the standards of effective community tobacco prevention and education as described in this grant application, and will then submit funding recommendations to the Tobacco Use Prevention and Cessation Executive Board.

TIMELINE

October 10, 2003	Completed Applications due to ITPC.
January 1, 2004	Funding period begins.

**Form D
Budget Worksheet**

			Expenses
1. Personnel			
a. Salaries/Wages #Months	%FE	Annual Salary Wage	
1. (Position Title)			
2. (Position Title)			
TOTAL SALARIES/WAGES >			
b. Fringe Benefits			
1. (Position Title)			
2. (Position Title)			
TOTAL FRINGE BENEFITS >			
2. Travel			
a. In-State			
b. Out-of-State			
TOTAL TRAVEL >			
3. Supplies			
a.			
b.			
TOTAL SUPPLIES >			
4. Contracts			
a.			
b.			
TOTAL SUBCONTRACTS >			
5. Other			
a.			
b.			
TOTAL OTHER>			
6. Furniture & Equipment			
a.			
b.			
TOTAL FURNITURE & EQUIPMENT >			
TOTAL DIRECT COSTS>			
7. INDIRECT COSTS (Include if you have an indirect cost component. Maximum of 10% of the total direct cost requested is allowed.)			
TOTAL BUDGET JANUARY 2004-JUNE 2005			
CARRYOVER DOLLARS FROM 2003, IF APPLICABLE			()
TOTAL AMOUNT REQUESTED CANNOT EXCEED GRANT AMOUNT ALLOCATED PER INDIVIDUAL COUNTY OR CONSORTIUM OF COUNTIES, SEE ATTACHMENT FOR FUNDING MAXIMUMS			

Note: 1. Line items must be explained in a narrative Budget Justification
2. Costs such as central services, rent, and accounting can be budgeted in either #5 or #7, but not both.

Form E
Budget Narrative

Personnel: (List positions here, Summary of job description or responsibilities should be detailed on additional attached sheets with one job description per attached sheet)

Travel: (List anticipated travel here. The detailed information of each event/conference should include; rationale for attending and anticipated follow-up from your attendance. Please attached detail on separate sheets, one event/conference per page. Please follow additional guidelines in instructions.)

Supplies: (explain the type and use of the educational and promotional supplies in your Program. List the different types of supplies on separate line items for example, office supplies, educational supplies, coalition promotional items, if any. If different types of supplies are not specifically listed ITPC will consider any unspecified line item of supplies as program oriented education supplies only.)

Contracts: (On separate documents for each contract, include scope of work; including tasks and deliverables, time period of the contract, person in your organization who will supervise or manage the contract, name of contractor if known, otherwise explain method of selecting the contractor.)

Other: (Provide a detailed breakdown and explanation for expenditures. Costs included elsewhere in the budget cannot also be included in the other line item in the budget.)

Furniture and Equipment: (Explain in detail. Office furniture, equipment and computer/software and/or upgrades, provided they are reasonable expenditures relative to the work proposed and were not purchased in a previous year.)

“SAMPLE”
Community-Minority Grant Agreement
Lead Agency Sub-contract

County: _____ Lead Agency: _____

Grant number: _____ Lead Agency Fax: _____

Name of person with Lead Agency that will supervise or manage the sub-contractor: _____

Name of sub-contracting agency (or individual): _____

Name of responsible person with sub-contractor: _____

Address: _____

City: _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

Time period of sub-contract: _____

Cost of performing sub-contract: _____

** Funds received by the sub-contractor pursuant to this Agreement shall be used only to institute services described in the Grant Agreement between ITPC and the Lead Agency. Should it be determined by ITPC that the sub-contractor has used funds inconsistent with the Grant Agreement then the Lead Agency could be required to reimburse ITPC. Should the Lead Agency be required to make such reimbursement the sub-contractor may be required to reimburse the Lead Agency.

*** Lead Agency MUST have Drug Free Workplace Certification language in contract.**

Scope of work to be performed through this sub-contract, including tasks and deliverables:

Description of how this sub-contract will further the goals of your county's work plan which is on file with ITPC:

Signature of primary contact with Lead Agency: _____

Date: _____

Signature of responsible person with the sub-contractor: _____

Date: _____

“SAMPLE”
Community-Minority Grant Agreement
Lead Agency Mini-Grant Contract

County: _____ Lead Agency: _____

Grant number: _____

Name of person with Lead Agency that will supervise or manage the mini-grant recipient: _____

Name of mini-grant recipient (agency or individual): _____

Name of responsible person with mini-grant recipient: _____

Address: _____

City: _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

Time period of mini-grant contract: _____

Cost of performing mini-grant contract: _____

** Funds received by the mini-grant recipient pursuant to this Agreement shall be used only to institute services described in the Grant Agreement between ITPC and the Lead Agency. Should it be determined by ITPC that the mini-grant recipient has used funds inconsistent with the Grant Agreement then the Lead Agency could be required to reimburse ITPC. Should the Lead Agency be required to make such reimbursement the mini-grant recipient may be required to reimburse the Lead Agency.

*** Lead Agency MUST have Drug Free Workplace Certification language in contract.**

Scope of work to be performed through this mini-grant contract, including tasks and deliverables:

Description of how this mini-grant contract will further the goals of your county's work plan which is on file with ITPC:

Signature of primary contact with Lead Agency: _____

Date: _____

Signature of responsible person with the mini-grant recipient: _____

Date: _____

SUMMARY OF TRAVEL ALLOWANCES

- 1. Overnight Travel:** The subsistence allowance for in-state travel is \$26.00 per day.

	<u>SUBSISTENCE IN-STATE</u>	<u>SUBSISTENCE OUT-OF-STATE</u>
Before 12:00 pm Departure	\$26.00	\$32.00
Between 12:00 pm and 4:30 pm Departure	\$13.00	\$16.00
After 4:30 pm Departure	\$0.00	\$0.00
Before 12:00 pm Return	\$13.00	\$16.00
After 12:00 pm Return	\$26.00	\$32.00

- 2. Meals provided are to be listed and deducted as follows:**

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Breakfast	\$6.50	\$8.00
Lunch	\$6.50	\$8.00
Dinner	\$13.00	\$16.00

- 3. One Day Trips:**

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Gone less than 12 hours	\$0.00	\$0.00
Gone more than 12 hours	\$13.00	\$16.00
Leave before 6a.m. and return after 6p.m.	\$19.50	\$24.00

WHEN A MEAL IS PROVIDED, NO SUBSISTENCE WILL BE REIMBURSED FOR THAT MEAL.

- 4. Mileage**

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
First 500 miles	\$0.28	\$0.28
501 – 2500 miles	\$0.14	\$0.14

- 5. Lodging**

IN-STATE

\$79.00 per night per person plus applicable taxes (outside of Indianapolis Metropolitan area)
\$83.00 per night per person plus applicable taxes (inside Indianapolis Metropolitan area)

FIXED ASSETS LISTING

Please use for any Office Furniture, Equipment and or Computer / Software Upgrades costing \$500 or more. Fixed assets purchased with grant funds remain the property of the State of Indiana and cannot be discarded or removed from the listing without express written approval from the State of Indiana. Use the Excel Spreadsheet document included, or create a similar document which includes the following information. Do not co-mingle assets by listing them with other assets purchased and owned by the organization. Please create a separate listing of assets purchased with tobacco grant funding and housed at the organization.

Please include:

- Description of item including type, make, model, serial number, etc.
- Date purchased
- Purchase price
- Exact Location of assets – Address, office number, etc.
- Person responsible for assets

Application Forms

Tobacco Prevention and Education Program

January 2004-June 2005

Application Cover Sheet

Applications for Local Community-Based Partnerships

Lead Agency Information

Lead Agency Name:

County:

Lead Agency Contact, Director or CEO:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Federal Identification Number:

Primary Contact Information

Primary Contact to ITPC:

Primary Contact Address if different from above:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Signature of Primary Contact:

Proposal Information

Funding requested for January 2004-June 2005: \$

Tobacco Prevention and Education Program
January 2004-June 2005

Application Cover Sheet

Applications for Local Minority-Based Partnerships

Lead Agency Information

Agency Name:

County:

Agency Contact, Director or CEO:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Federal Identification Number:

Primary Contact Information

Primary Contact to ITPC:

Primary Contact Address if different from above:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Signature of Primary Contact:

Proposal Information

Funding requested for January 2004-June 2005: \$

Form A
Community Vision

Form B
Community Partnership

Current coalition members and community partners should describe their role in the local program. Signatures from the coalition chair and coalition members involved in the development of the work plan must be included below.

Coalition members to consider:

Schools K to 12 (any public or private schools)
College/Universities (any public, private or 2-year schools)
Health Care Providers (physicians, clinics)
Hospitals
HMOs and other health insurance providers
Local health department
Farm/agricultural organizations (grain associations, FFA)
Substance abuse agencies/coalitions
Faith based organizations/churches (churches, parish nurses, health ministry)
Community based organizations (Kiwanis, Tri Kappa)
Grassroots organizations (citizen's action groups)
Businesses (restaurants, retail stores, recreational facilities, insurance)
Youth organizations (Boys and Girls Clubs, 4-H)
Law Enforcement (city police or county sheriff)
Local elected officials and government (city or county officials)

MEMBER CATEGORY DEFINITIONS

COALITION MEMBER: An individual or organization that has officially signed on as a participating and public member of the coalition. This individual or organization representative regularly attends coalition meetings and provides input and support for coalition activities. This member may or may not be receiving financial support for services provided in working on the coalition's work plan.

SUBCONTRACTOR: An individual or organization that is under a contractual agreement to provide services as part of the coalition's work plan. This individual or organization has a binding contract to provide services outlined in the contract and coalition work plan for an agreed amount. Payment for these services is rendered once the work is complete and the individual or organization has provided documented invoices to prove this agreed upon work has been completed. Subcontractors may have reporting requirements to fulfill at the discretion of the coalition. Subcontractors may also be participating and public members of the coalition, signing the coalition member list. Subcontractors may also regularly attend coalition meetings and provide input and support for coalition activities.

MINI-GRANTEE: An individual or organization that is under a contractual agreement to provide services as part of the coalition's work plan. This individual or organization has a binding contract to provide services outlined in the contract and coalition work plan for an agreed amount. Payment for these services, in part or full, is provided in advance to allow the work to begin and be completed. The individual or organization must provide documented invoices to prove this agreed upon work has been completed. Mini-grantees may have reporting requirements to fulfill at the discretion of the coalition. Mini-grantees may also be participating and public members of the coalition, signing the coalition member list. Mini-grantees may also regularly attend coalition meetings and provide input and support for coalition activities.

COMMUNITY PARTNER: An individual or organization that has not officially signed on as a participating and public member of the coalition. This individual or organization representative may attend coalition meetings. Community partners provide input and support for coalition activities when asked, and partner with the coalition in activities when appropriate.

Form B
Community Partnership-continued

Coalition Partners

Type of organization (select category from list on previous page)	Name of Organization	Name of Contact	Email	Targeted Population Groups/ Minority Owned Businesses	Member Category	Role in Coalition	Signature
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		

Type of organization (select category from list on previous page)	Name of Organization	Name of Contact	Email	Targeted Population Groups/ Minority Owned Businesses	Member Category	Role in Coalition	Signature
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		

Type of organization (select category from list on previous page)	Name of Organization	Name of Contact	Email	Targeted Population Groups/ Minority Owned Businesses	Member Category	Role in Coalition	Signature
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		

Type of organization (select category from list on previous page)	Name of Organization	Name of Contact	Email	Targeted Population Groups/ Minority Owned Businesses	Member Category	Role in Coalition	Signature
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		

Type of organization (select category from list on previous page)	Name of Organization	Name of Contact	Email	Targeted Population Groups/ Minority Owned Businesses	Member Category	Role in Coalition	Signature
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		

Type of organization (select category from list on previous page)	Name of Organization	Name of Contact	Email	Targeted Population Groups/ Minority Owned Businesses	Member Category	Role in Coalition	Signature
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		
				<input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/ Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Mini-grantee <input type="checkbox"/> Coalition member <input type="checkbox"/> Community partner		

WORK PLAN – Form C – Goal 1

Goal 1: Building Strong Community-Based Partnerships including Diverse Partnerships							
Community Indicator: (one indicator per sheet)						Indicator Number:	
Objective for indicator:							
2003 Indicator status (Baseline measurement for this indicator):							
Please list how you measured this indicator, include data source:							
Activities by Strategy Area	Organization(s) Responsible for Tasks	Planned start date of activities					
		2004				2005	
		Q1	Q2	Q3	Q4	Q1	Q2
Identify and recruit partners/Training <ul style="list-style-type: none"> Activity Public Awareness/Community Education <ul style="list-style-type: none"> Activity Media Advocacy <ul style="list-style-type: none"> Activity Policy Advocacy <ul style="list-style-type: none"> Activity Enforcement/Compliance <ul style="list-style-type: none"> Activity 							

WORK PLAN – Form C – Goal 2

Goal 2: Protecting Hoosiers from Exposure to Secondhand Smoke

Community Indicator: (one indicator per sheet)					Indicator Number:		
Objective for indicator:							
2003 Indicator status (Baseline measurement for this indicator):							
Please list how you measured this indicator, include data source:							
Activities by Strategy Area	Organization(s) Responsible for Tasks	Planned start date of activities					
		2004				2005	
		Q1	Q2	Q3	Q4	Q1	Q2
Identify and recruit partners/Training <ul style="list-style-type: none"> Activity Public Awareness/Community Education <ul style="list-style-type: none"> Activity Media Advocacy <ul style="list-style-type: none"> Activity Policy Advocacy <ul style="list-style-type: none"> Activity Enforcement/Compliance <ul style="list-style-type: none"> Activity 							

WORK PLAN – Form C – Goal 3

Goal 3: Reducing Youth Initiation and Access to Tobacco

Community Indicator: (one indicator per sheet)					Indicator Number:		
Objective for indicator:							
2003 Indicator status (Baseline measurement for this indicator):							
Please list how you measured this indicator, include data source:							
Activities by Strategy Area	Organization(s) Responsible for Tasks	Planned start date of activities					
		2004				2005	
		Q1	Q2	Q3	Q4	Q1	Q2
Identify and recruit partners/Training <ul style="list-style-type: none"> Activity Public Awareness/Community Education <ul style="list-style-type: none"> Activity Media Advocacy <ul style="list-style-type: none"> Activity Policy Advocacy <ul style="list-style-type: none"> Activity Enforcement/Compliance <ul style="list-style-type: none"> Activity 							

WORK PLAN – Form C – Goal 4

Goal 4: Promoting and Using Cessation Resources

Community Indicator: (one indicator per sheet)					Indicator Number:		
Objective for indicator:							
2003 Indicator status (Baseline measurement for this indicator):							
Please list how you measured this indicator, include data source:							
Activities by Strategy Area	Organization(s) Responsible for Tasks	Planned start date of activities					
		2004				2005	
		Q1	Q2	Q3	Q4	Q1	Q2
Identify and recruit partners/Training <ul style="list-style-type: none"> Activity Public Awareness/Community Education <ul style="list-style-type: none"> Activity Media Advocacy <ul style="list-style-type: none"> Activity Policy Advocacy <ul style="list-style-type: none"> Activity Enforcement/Compliance <ul style="list-style-type: none"> Activity 							

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Form D
Budget Worksheet

				Expenses
1. Personnel				
a. Salaries/Wages	%FE	Annual Salary Wage	#Months	
1. (Position Title)				
2. (Position Title)				
TOTAL SALARIES/WAGES >				
b. Fringe Benefits				
1. (Position Title)				
2. (Position Title)				
TOTAL FRINGE BENEFITS >				
2. Travel				
a. In-State				
b. Out-of-State				
TOTAL TRAVEL >				
3. Supplies				
a.				
b.				
TOTAL SUPPLIES >				
4. Contracts				
a.				
b.				
TOTAL SUBCONTRACTS >				
5. Other				
a.				
b.				
TOTAL OTHER>				
6. Furniture & Equipment				
a.				
b.				
TOTAL FURNITURE & EQUIPMENT >				
TOTAL DIRECT COSTS>				
7. INDIRECT COSTS (Include if you have an indirect cost component. Maximum of 10% of the total direct cost requested is allowed.)				
TOTAL BUDGET JANUARY 2004-JUNE 2005				
CARRYOVER DOLLARS FROM 2003, IF APPLICABLE				()
TOTAL AMOUNT REQUESTED CANNOT EXCEED GRANT AMOUNT ALLOCATED PER INDIVIDUAL COUNTY OR CONSORTIUM OF COUNTIES, SEE ATTACHMENT FOR FUNDING MAXIMUMS				

Note: 1. Line items must be explained in a narrative Budget Justification
2. Costs such as central services, rent, and accounting can be budgeted in either #5 or #7, but not both.

Form E
Budget Narrative

Personnel:

Travel:

Supplies:

Contracts:

Other:

Furniture and Equipment:

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Form F
Community Events or Festivals

Please complete the following for up to 3 major events that occur annually in your community. Examples might include festivals, fairs, sports events, art shows, or major exhibits.

	Event Name	Type of Event	Date (month of event acceptable)	Approximate attendance	Is your coalition currently planning involvement?
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>

Form G
County Largest Employers

This table should only be completed by those coalitions applying to be the community-based partnerships.

Please complete the following information regarding the top five employers in your county.

	Employer Name	Address	Telephone Number	Type of Industry	Primary Contact	All indoor work areas are smoke free	Grounds are smoke free	Union	Cessation Assistance Offered by Employer	Cessation Assistance Offered as Health Benefit
						<u>Check box if the above conditions apply to the employer listed</u>				
1			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indiana Tobacco Prevention and Cessation Agency (ITPC) Declarations

The ITPC may seek additional information from an applicant prior to or during the review of the application.

The ITPC reserves the right to negotiate a modification of the proposed work plan and will award funds after agreement has been reached.

The ITPC reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to the administration of the community program upon request and copies thereof shall be furnished at no cost to the Indiana Tobacco Prevention and Cessation Agency.

The signatory for this Organization represents that he/she has been duly authorized to execute agreements on behalf of the organization and has obtained all necessary or applicable approvals from the home office of the organization.

Signing below indicates that you have read and understand these declarations. For questions and assistance please call: Indiana Tobacco Prevention and Cessation Agency at (317) 234-1787

Signature

Date

Printed Name